

**SPENCER COUNTY OCCUPATIONAL TAX
NET PROFIT LICENSE FEE RETURN**

*****This form must be completed in its entirety. If Federal ID or SSN is omitted, this form will be returned to you. If address change applies, you must check the address change box.**

CHECK IF ADDRESS CHANGE	AMENDED RETURN	NO ACTIVITY	FEDERAL I.D. OR SSN
Name _____			YEAR ENDING
Address _____			
City _____	State _____	Zip _____	
Phone No. _____		Extension _____	Fax No. _____

CHECK IF "FINAL RETURN" Date Operations ceased: _____ (Required to close account.)

*** ALL LICENCEES MUST ANSWER THE QUESTIONS BELOW ***

- A. Principle business activity: _____
- B. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?
If YES, which year(s) was adjusted? _____ (Attach statement of changes)
- C. Principle owner/administrative officer: _____
Address: _____
- D. Did you file a consolidated return? _____ (If yes, see instructions)
- E. Was business activity discontinued? _____ When? _____ For Dissolution _____ Sale / Transfer? _____
If sale / transfer state successor _____
name and address: _____

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Spencer County other than an employee? IF YES, YOU ARE REQUIRED TO FILE COPIES OF FEDERAL FORM 1099; they are subject to the net profit tax, as well.

*** ALL LICENCEES MUST COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING THIS SECTION ***

20. Enter ADJUSTED NET PROFIT (From line 15 on the back of this form):	
21. Enter percentage from Line 19 (Enter as a decimal: 25% would be .25 or 25.25%= .2525)	
22. Net Profits Allocation (Line 20 X Line 21)	
23. Spencer County License Fee (Line 22 X 1% or .01)	
24. Credits: Estimated Payments (enter as a "-" amount)	
Spencer County License Fee (Non-refundable, enter as a "-" amount)	
25. Balance of License Fees Due (Line 23 minus Line 24)	
26. Penalty - 5% per month, not to exceed 25% - Minimum \$25	
Penalty due on amount owed from original due date, unless appropriate estimated payments were made.	
If payment not made by extension date, penalty will be calculated back to original due date	
27. Interest - 12% per annum	
Calculate interest on amount owed on Line 25 from original due date.	
28. Total amount due	
29. Overpayment Credit Refund	

I hereby certify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

/ /	/ /
Preparer Signature (Return must be signed.) _____	Taxpayer Signature (Return must be signed) _____
Date	
Print Name _____	Print Name _____
Federal ID	
Address _____	Title _____
Phone No.	Social Security No.

If you have questions concerning this form visit www.spencercountyky.gov/occupationaltax.html or call (502) 477-2997

Mail this form along with supporting schedules to: Occupational License Administrator, PO Box 397, Taylorsville, KY 40071. Check payable to Spencer Co. Treasurer

This return must be filed and paid in full by the fifteenth day of the fourth month after the close of the fiscal/calendar year, unless an extension of time to file has been granted.

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES EVEN IF A LOSS WAS INCURRED.

	INDIVIDUAL	PARTNERSHIP	CORPORATION
1) Non-employee compensation reported as "other income" on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)			
2) Net profit per each Federal Schedule C, E and/or F. (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.)			
3) Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252)			
4) Ordinary gain or (loss) on the sale of property used a trade or business per Federal Form 4797 (not deductible {n/d}, add & Attach Form 4797, pages 1 and 2.)			
5) Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s), if applicable.)			
6) Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Rental Schedule(s) if applicable.			
7) State income taxes and local license taxes based upon income on the Federal Schedule C/E/F or Form 1065/1120/1120A/S (not deductible {n/d}, add).			
8) Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
9) Net operating loss deducted on Form 1120 (n/d, add)			
10) Total Income - Add Line 1 through Line 9			
11) Subtractions (use "-" sign) from Schedule K of Form 1065/Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
12) Other Adjustments (Use "-" sign & Attach Schedule)			
13) Professional expenses not reimbursed by the Partnership (Use "-" sign & Attach Sched. of Expenses)			
14) Total Deductions - Add Line 11 through Line 13 (Use "-" sign)			
15) Adjusted Net Profit - Subtract Line 14 from Line 10. Enter here and on Line 20 on the front page.			

WORKSHEET Y: BUSINESS APPORTIONMENT

APPORTIONMENT FACTORS	COLUMN A SPENCER	COLUMN B TOTAL EVERYWHERE	DIVIDE (A / B = C)
16) PAYROLL FACTOR Compensation paid during the year to employees			
17) SALES REVENUE FACTOR Receipts from the sale, lease or rental of goods, services or property			
18) TOTAL PERCENTAGES	If business entirely in Spencer County, 100%		
19) BUSINESS APPORTIONMENT - ENTER HERE AND ON LINE 21 OF NET PROFIT LICENSE FEE RETURN If you had both a payroll factor and a sales revenue factor, then divide line 18 by two (2). If you had a payroll factor or sales revenue factor, but not both, enter the % from line 18 on line 19			